EXHIBIT A-3

DOCUMENT REDACTED

Page 1

PO BOX 13130

PHILADELPHIA, PA 19101-3130

TAX ID# 75-2659561

202314-0936475054238-03

#BWNJFDB

#00000TWN19603469#

CRYSTAL LONG 5126 SEKOTS RD

BALTIMORE, MD 21207

Statement Date: 12/02/17

Account Number: TWN0936475054238

Patient Name: CRYSTAL LONG

0193-0936475054238 Access Code:

> Due Date: 12/22/17

Amount You Owe:

\$0.00

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE.

THANK YOU.

Pay Online WWW.MYMEDICALPAYMENTS.COM 1-800-355-2470 MON-FRI 9:00AM - 4:00PM

Services provided at:

NORTHWEST HOSPITAL CENTER - 5401 OLD COURT ROAD - RANDALLSTOWN MD 21133-5103

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe
08/26/2014	99285	EMERGENCY EVAL & MGMT (LVL 5)	DR. DEWIT	\$1,125.00	\$1,125.00	1	\$0.00

1. COLLECTION BAD DEBT

THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE.

Total Charges:

\$1,125.00

Current Patient Responsibility:

\$0.00

Insurance 2: OSI - COLLECTION

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE.

Pay Online WWW.MYMEDICALPAYMENTS.COM

Statement Date: 12/02/17

Account Number: TWN0936475054238

Patient Name: **CRYSTAL LONG**

Guarantor:

CRYSTAL LONG 5126 SEKOTS RD BALTIMORE, MD 21207 Payment Due By:

12/22/17

Amount Due:

\$0.00

Amount Enclosed:

\$0.00

PAY

BY DUE DATE

202314093647505423800000000000000000000

If your address has changed, check this box and complete the reverse side of this form.

Make Check/Money Order payable to:

RANDALL EMERGENCY PHYSICIANS PO BOX 13130 PHILADELPHIA, PA 19101-3130 II 007 TWN